

lish from month to month short articles on various phases of medicine, giving the present day status of each particular thing. We will be delighted to receive suggestions. What are the topics which would most interest you? What is there that you would especially like to know about? It is immaterial whether there has been progress or not, so that the truth about things to-day be known. Send in your suggestions or comments and we will be glad to take them up for consideration.

#### "TWILIGHT SLEEP."

Progress, or if you will, change, is brought about in various ways. It has been quite interesting to see the result of feminine agitation upon scientific medicine. The use of certain drugs for the purpose of obtunding pain or removing memory during confinement has been a matter of scientific investigation for a number of years; the development of this adjunct to obstetrics is still in a formative stage; still, as we might say, in the laboratory. But some lay women writers got hold of the tag end of the laboratory work and lay publications uttered glowing words of unqualified commendation and insisted that no longer should woman suffer the pains of childbirth. Thereupon followed a quiet but none the less very big revolution in the country of the obstetrician. Every woman with child insists that she shall have that child without pain. Radical and conservative alike are confronted by the same problem; the same demand. The physician who would be cautious and wait a few years to see how many babies are injuriously affected, is in the same fix with the ultra radical obstetrician who would try everything new as soon as he hears of it—he must perforce do something to blot out the pains of childbirth. Feminine insistence has forced the hand of scientific research. But something good may come out of it. It is interesting to watch.

#### APPENDICITIS AND THE LAW.

A number of states have considered in their respective legislatures, proposed bills which would make it more or less of an offense for a surgeon to operate for appendicitis and not produce from the abdomen of the patient, an obviously diseased appendix. Fortunately for the general average of common sense, none of these bills has passed or received markedly serious consideration. It is the duty of every one of us to aid in the education of the general public on these matters, and we can only do that work by thoroughly understanding the facts and by careful, persistent and patient discussion of them with those laymen with whom we come in contact. Consider well the following simple facts: Four cases came within observation in a single week. All had about the same trivial (?) symptoms. Some nausea and vomiting at night. A feeling of indigestion or "gas in the stomach" the next day. Little or no actual pain. No increase in the pulse and no rise in temperature. No marked muscular rigidity but a well defined tender point in the region of the

appendix. In two patients, after twenty-four hours, a slight rise in temperature. Consultations were held in all four cases and in each it was unanimously agreed that an immediate operation was imperative. After this decision was reached no time was wasted in taking a leukocyte count save in one case, and in that one it was not especially suggestive. All were operated upon as acute appendicitis cases. In three the appendix was found to be perfectly normal so far as macro- or microscopic examination could determine. But the fourth; the one with symptoms not so marked as in one or two of the others? Quite a different story. Here was an appendix, buried deep down and completely gangrenous; so much so that the greatest of surgical skill was required to get it out even in fragments and not to soil the abdominal cavity. Which was the better course to follow, to operate upon all and have them all alive and well, or to delay with the consequent death of twenty-five per cent. of the number? Even the three who possessed normal appendices are benefited, for the operation may be regarded as a prophylactic one; they need never fear the dreaded appendicitis; it will never bother them. See what a very grave danger to the public welfare any penalizing law on this subject would be. Surgeons would hesitate to operate in cases where the symptoms were no more marked than in these four—and one of the four would probably have died if another twenty-four or forty-eight hours had been allowed to pass with fecal matter and suppuration working away from the bottom of the abdominal cavity. We have allowed the layman too long to joke about mistakes in diagnosis and the removal of healthy appendices. If he had one of these cases he would cease to think it a joke.

#### POLITICS AND HEALTH-OFFICER.

Down in Fresno, in April, the Health Board sort of got itself into a place where medicine should not be—in practical politics. Politics, the science of government, is a thing that every citizen should interest himself in; but things of medicine and public health should be removed from the "practical" part of politics and be wedded only to the scientific end of government. Dr. L. R. Wilson had been city health officer for some time and was endorsed by the county medical society with remarkable unanimity. The newly appointed health officer, Dr. Sweeney, may be and doubtless is a good man and an excellent physician; there is no reflection upon him. But it is not right that health matters should be the football of politics, nor does it look particularly well for a member of a board of health to propose and vote for his wife to occupy the position of bacteriologist under the board. One might indeed be excused if he should say that this was carrying the patronage pie a little too far and a little too crudely. Even Johnson would hardly do that. Dr. Wilson has been the very able secretary of his society for some years and we are sorry that a political agitation has displaced him as city health officer, which position he filled ably and well.